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UTILITY PATENT APPLICATION

Attom	ttomey Docket No. AVZ-001CPUSCN	
	nventor	Rima Kaddurah-Daouk
Title	USE OF CRE FOR THE TR NERVOUS S	EATINE OR CREATINE ANALOGS REATMENT OF DISEASES OF THE SYSTEM

TRANSMITTAL	Title			DISEASES OF THE	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		NERVOUS SYST			
	Expres	s Mail Label No. EV	<u>311 017 88</u>	89 US	
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application co.	ntents.	ADDRESS TO:	MS Patent App Commissioner P.O. Box 1450 Alexandria, VA	for Patents	
Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	•		D-R in duplicate, gram (Appendix)		
Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or A (if applicable, all ned	mino Acid Sequ		
3. X Specification [Total Pages 48	B 1	, 		CRF)	
(preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. Paper Statements verifying identity of above copies					
Background of the Invention Brief Summary of the Invention				ICATION PARTS	
 Brief Description of the Drawings (if filed) Detailed Description 			, ,	et & document(s))	
- Claim(s) - Abstract of the Disclosure		10. 37 CFR 3.73(b) (when there is		Power of Attorney	
4. X Drawing(s) (35 U.S.C. 113) [Total Sheets	2 1		ation Document		
5. Oath or Declaration [Total Sheets	41	12. Information Dis		Copies of IDS Citations	
a. Newly executed (original or copy)		13. Preliminary Am			
b. X Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)		14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)			
i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s)		15. Certified Copy of Priority Document(s) (if foreign priority is claimed)			
named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.			
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6. X Application Data Sheet. See 37 CFR 1.76		page			
 If a CONTINUING APPLICATION, check appropriate box, specification following the title, or in an Application Data Sheet 			below and in the	first sentence of the	
X Continuation Divisional Continuation			lo.:	08/853174	
Prior application information: Examiner Benne	tt M. Ce	elsa Art U	nit:	1639	
For CONTINUATION OR DIVISIONAL APPS only: The entire under Box 5b, is considered a part of the disclosure of the acce reference. The incorporation <u>can only</u> be relied upon when a p	ompanying	g continuation or divisional	application and	is hereby incorporated by	
19. COF	RESPO	NDENCE ADDRESS			
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City Boston Sta	ite .	MA	Zip Code	02109	
Country US Tel	lephone	(617) 227-7400	Fax	(617) 742-4214	
Name (Print/Type) Cynthia M. Softans	-L	Registration No. (Atto	orney/Agent)	53,623	
Signature ////////////////////////////////////	/1		Date N	ovember 21, 2003	
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FEE TRANSMITTAL	,	Application Number			Not Yet Assigned	Not Yet Assigned		
for FY 2004		Filing Date First Named Inventor			Concurrently Herewith	_		
					tor Rima Kaddurah-Daouk			
Effective 10/01/2003, Patent fees are subject to annual revision.		Examiner Name			Bennett M. Celsa			
Applicant claims small entity status. See 37 CFR 1.27		Art Ur	nit		1639			
TAL AMOUNT OF PAYMENT (\$) 514.00		Attorney Docket No.			AVZ-001CPUSCN	AVZ-001CPUSCN		
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Signatur	5	- 1	-1-7	/1 /1/1A/K /	N N I I I P	ハリリリレレ	<i></i>					Date	November 21, 2	2003

SUBMITTED BY			(Comple	te (if applicable))
Name (Print/Type)	Cynthia M. Soroes -	Registration No. (Aftorney/Agent) 53	3,623 Telepho	ne (617) 227-7400
Signature	MANA		Date	November 21, 2003

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